



DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) THEN & NOW

**Health and Human Services Committee
Austin City Hall**

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What is DSRIP?

- DSRIP is an incentive under the 1115 Waiver Program of the Center for Medicare and Medicaid Services (CMS) to enhance access to health care, increase the quality of care, the cost-effectiveness of care provided, and the health of the patients and families served.
- On August 2, 2012, Austin City Council unanimously approved a resolution supporting the participation in the 1115 Medicaid Waiver Program. (Resolution No. 20121011-080)

How Has DSRIP Worked?

- As an incentive payment program, APH drew down (i.e. is paid) by successfully completing specified metrics. Metrics are either:
 - **Pay for Reporting (P4R)** - APH must document completion of a task (e.g. CQI project), report (e.g. Program Evaluation), or other variable (e.g. Youth Pregnancy Rate). P4R metrics have no specific result required; APH drew down simply from the successful reporting.
 - **Pay for Performance (P4P)** - APH must document successful achievement of a goal (e.g. improvement in the rate of childhood immunizations among service participants).

DSRIP Projects at APH

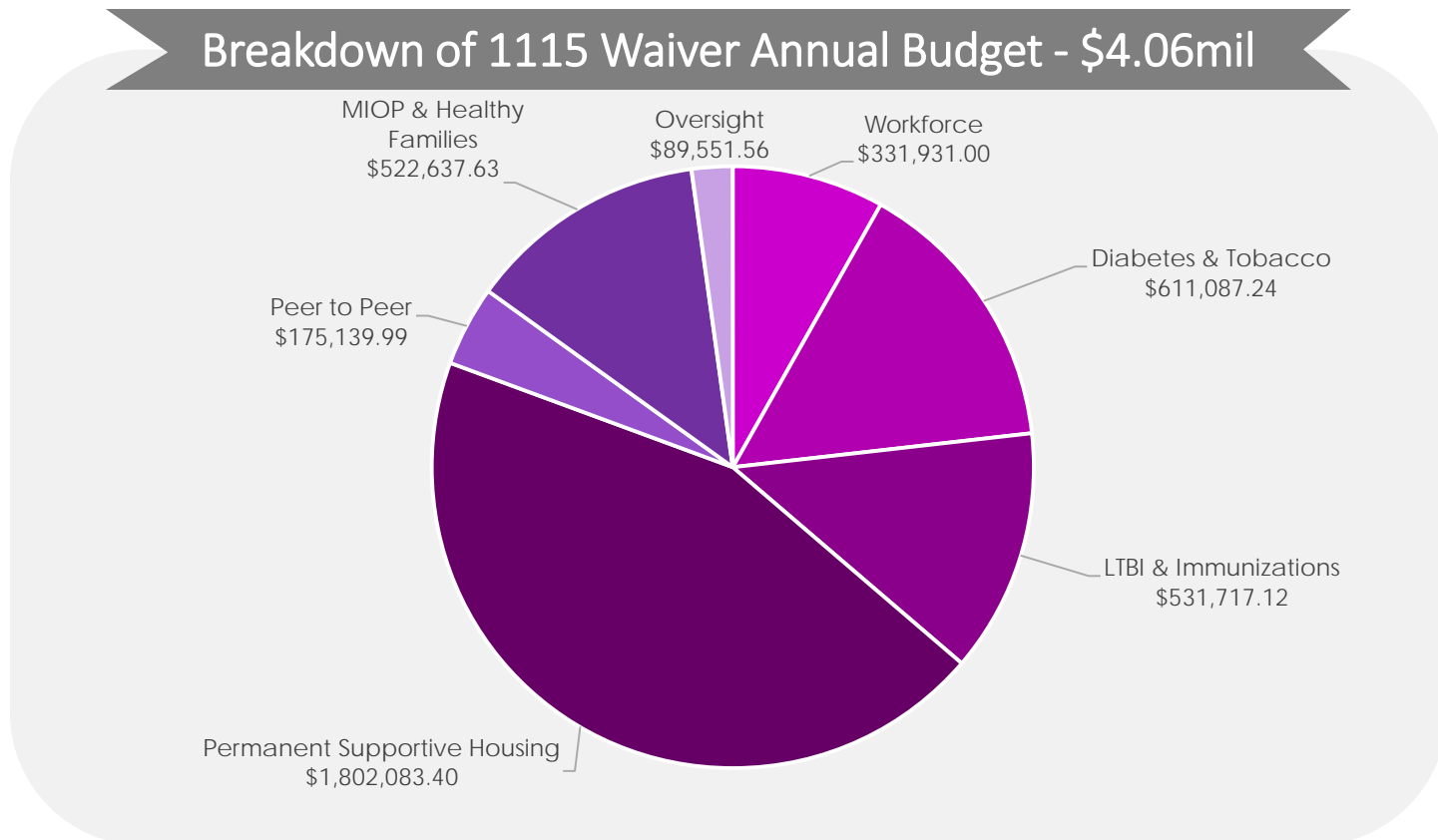
- APH successfully implemented nine DSRIP projects
 - Maternal Infant Outreach Program (MIOP)
 - Healthy Families
 - Workforce Development
 - Tobacco Cessation
 - Tuberculosis Treatment
 - Adult Immunizations
 - Diabetes Education
 - Peer to Peer (P2P)
 - Permanent Supportive Housing (PSH)

DSRIP Projects at APH

- Each project valuation (i.e. the maximum amount each project is eligible to draw down) was established and approved by CMS at the formation of the projects.
- For every dollar APH invests in approved projects, the City is eligible for approximately \$1.46 in matching funds.
- APH reinvests those matching funds in order to sustain DSRIP projects beyond the life of the 1115 Waiver.
- Those Sustainability Funds are supporting our DSRIP projects as DSRIP shifts focus.

\$37.6 Million

- To date, APH has drawn down approximately \$37.6 million dollars through DSRIP.



What Our Clients Are Saying

- Speaking of our MIOP services,

“Even if it’s something that she can’t help me with, she’s gonna say, ‘okay let me get back to you, let me see what I can find out,’ you know, just the fact that I can depend on that person, and I’m comfortable speaking with this person, this person has been to my house, you know. We have a relationship now. Like, I have a relationship with my case worker. **I have a relationship with this program.**”

What Our Clients Are Saying

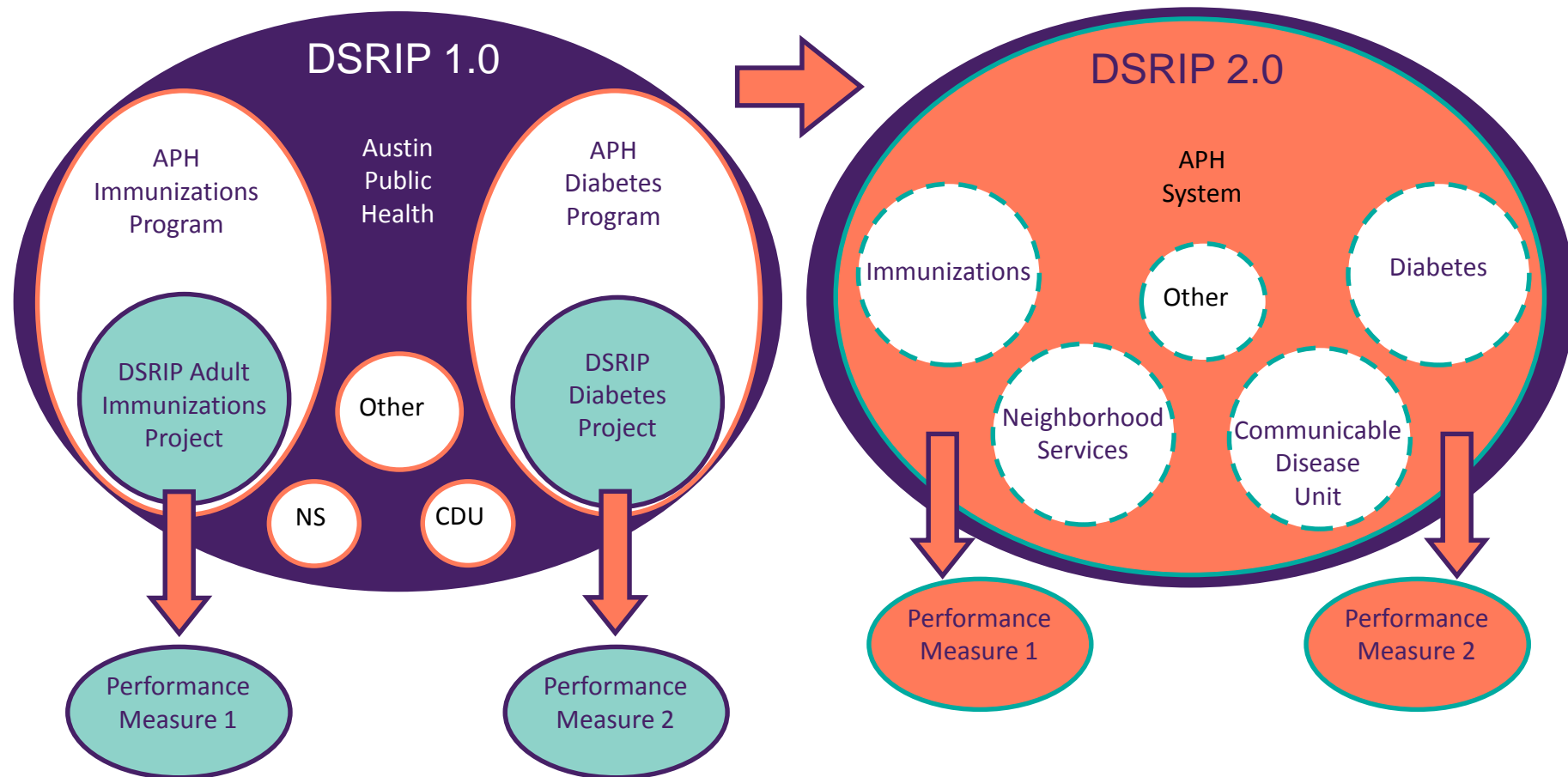
- Through our Peer to Peer Program, one of our Peer Health Educators (PHEs)

“While being a PHE, the endless amount of great experiences and memories are things I will cherish forever. **It’s helped me grow as a person.** Learned and gained **leadership skills** that I couldn’t have done so without being a PHE. Skills necessary to succeed in ‘the real world’ such as **public speaking, learning to comprehend the content of a curriculum, and how to successfully inform others with facts rather than by opinion.** Being a PHE has been a great experience in which the controversial subject of sex has been turned into a great learning experience in which I am given the opportunity to share needed knowledge to others to maintain a healthy lifestyle.”

DSRIP Shifts from Project to System-Level Reform

- On December 21, 2017, HHSC and CMS reached an agreement for a five-year extension of the 1115 Waiver.
- In Texas, DSRIP will have level funding (\$3.1 billion) for Demonstration Years 7 and 8 (DY7-8), \$2.91 billion for DY9, \$2.49 billion for DY10, and \$0 for DY11.
- Austin Public Health is eligible to draw down approximately **\$37,137,052** over the next five years through DSRIP.
- DSRIP is shifting away from a project-level focus to a system-level focus.

DSRIP Shifts Focus



Expanding our Menu of Services throughout APH

- Adolescent and adult clients will be screened for tobacco use, educated on the benefits of quitting, and referred to a quitline and/or SmokeFreeTXT
- In multiple locations, clients will receive a hemoglobin A1c test, indicating how well their blood sugar is under control. Clients with higher test results are at risk for diabetes and will be referred to a medical case management team for follow-up and diabetes education.
- Addition of blood pressure screenings to many of our locations; clients with high blood pressure will be referred to a medical case management team for follow-up.

Expanding our Menu of Services throughout APH

- Expanding access to immunizations screening and services. Especially pneumonia, influenza, tetanus, diphtheria, varicella, and shingles.
- Addition of follow-up testing for those who received treatment for Syphilis and Gonorrhea to help identify and treat re-infections.

APH's Ability to Continue Services Beyond DSRIP

- Of the current DSRIP projects, Workforce is scheduled to end at the end of FY18 and Healthy Families is ramping down to end at the end of FY19.
- If APH draws down all the funds we are eligible to receive, we can maintain the remaining current DSRIP projects and new expanded services through FY23.

Questions

- For Follow-up

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